

The PRACTICE: A UNLV Community Mental Health Clinic

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Nevada Notice of Policies and Practices to Protect the Privacy of Your Health Information: 2014-15

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist or counselor.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of The PRACTICE Clinic. Examples of health care operations are quality assessment and improvement activities, for educational purposes, business- related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within our clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of our clinic such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes not described in this (i.e. outside of treatment, payment and health care operations) we will obtain an authorization from you before releasing this information. We will obtain an authorization from you before using or disclosing psychotherapy notes or PHI for marketing purposes. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent Nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reasonable cause to believe that a child has been abused or neglected, we must report this and relevant information, within 24 hours, to the Division of Child and Family Services, the county agency which provides child welfare services or a law enforcement agency.
- **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older person has been abused, neglected, exploited or isolated, we must make a report to the local office of the Nevada Department of Human Resources Division of Aging Services, the police department or sheriff's office, or other appropriate agency within 24

hours after becoming aware of this information.

- **Health Oversight:** If we receive a request from a Nevada licensing body with respect to an inquiry or complaint about the professional conduct of one of our staff, we must make available any record relevant to such inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release this information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** We may disclose confidential information from your records if we believe such disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm. We may only disclose such information and to such persons as are consistent with the standards of our profession in addressing such problems.
- **Worker's Compensation:** If you file a worker's compensation claim, and if we provide treatment to you relevant to that claim, then we must submit to your employer's insurer or a third party administrator, a report on services rendered.
- **Research:** We may disclose health information to researchers where you have authorized such disclosure. We may also disclose health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or the disclosure is approved by an institutional review board (IRB) or properly constituted Privacy Board if the Board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information.
- When the use and disclosure without your consent or authorization is **allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law**. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* –You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at The PRACTICE. Upon your request, we will send correspondence to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket*- You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for our services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI*- You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability

that your PHI has been compromised.

- *Right to Opt out of Fundraising Communications.* You have a right to decide that you would not like to be included in fundraising communications that we may send out. [We currently do not send such communications to our clients.]

Mental Health Professional's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise the policies and procedures, we will notify you in writing by U.S. Mail, by posting on our website, or by giving you the revision in person.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact:

The PRACTICE Director – Dr. Michelle Paul
University of Nevada, Las Vegas
4505 S. Maryland Parkway
Box 453033
Las Vegas NV 89154-3033
(702) 895-1532

Or

Nevada Board of Psychological Examiners
PO Box 2286
Reno, NV 89505-2286
(775) 688-1268.

Or

Board of Psychological Examiners for Marriage & Family Therapists and Clinical Professional Counselors
P.O. Box 370130
Las Vegas, NV 89134-0130
(702) 486-7388

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (HHS).

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on August 1, 2013.

- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If we change this notice, we will post a new version in our waiting area, and you can always get a copy of it from The Director or her staff.